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| Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4618). <h2 style="text-align: center;">FEE TRANSMITTAL</h2> <h3 style="text-align: center;">For FY 2007</h3> | | Complete if Known Application Number 09/380,310-Conf. #2449 Filing Date August 31, 1999 First Named Inventor Koji UKAI Examiner Name M. Haghighatian Art Unit 1616 Attorney Docket No. 0425-0736P | |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | | |
| TOTAL AMOUNT OF PAYMENT (\$) 1,370.00 | | | |

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____
☒ Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, _____
 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEES

| Fee Description | Fee (\$) | Small Entity Fee (\$) |
|--|----------|-----------------------|
| Each claim over 20 (including Reissues) | 50 | 25 |
| Each independent claim over 3 (including Reissues) | 200 | 100 |
| Multiple dependent claims | 360 | 180 |

| Total Claims | Extra Claims | Fee (\$) | Fees Paid (\$) | Multiple Dependent Claims | Fee (\$) | Fees Paid (\$) |
|--|--------------|----------|----------------|---------------------------|----------|----------------|
| HP = highest number of total claims paid for, if greater than 20. | | | | | | |
| Indep. Claims | Extra Claims | Fee (\$) | Fees Paid (\$) | | | |
| HP = highest number of independent claims paid for, if greater than 3. | | | | | | |

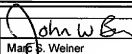
3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fees Paid (\$) |
|--------------------|--------------|--|----------|----------------|
| ____ - 100 = _____ | /50 = _____ | (round up to a whole number) x _____ | = _____ | |

4. OTHER FEE(S)

| | Fees Paid (\$) |
|---|----------------|
| Non-English Specification, \$130 fee (no small entity discount) | |
| 1801 Request for continued examination (RCE) (see 37 ...) | 790.00 |
| Other (e.g., late filing surcharge): | |
| 1808 Processing fee, except in provisional applications | 130.00 |
| 1252 Extension for response within second month | 450.00 |

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|---|--|--|--|--|--------------------------|
| SUBMITTED BY Signature  #32,881 Name (Print/Type) John W. Birch | | | | Registration No. (Attorney/Agent) 32,181 | Telephone (703) 205-8000 |
| | | | | Date July 26, 2007 | |